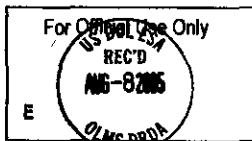


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



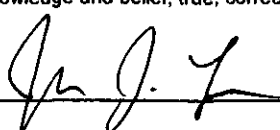
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 02771 5283	2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name John J. Lisner P.O. Box, Bldg., Room No., if any Suite 300 Street 1000 Burr Ridge Pkwy. City Burr Ridge State IL ZIP Code + 4 60527	4. Name, file number, and address of labor organization. Name Teamsters Local 731 Labor Organization File Number 02771 011948 P.O. Box, Building and Room Number, if any Suite 300 Street 1000 Burr Ridge Pkwy. City Burr Ridge State IL ZIP Code + 4 60527
5. Position in labor organization. Recording Secretary	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u></u>	On <u>July 11, 05</u> (630) <u>887-4100</u> Date Telephone Number

Name of Person Filing <u>John J. Lisner</u>	File Number U- <u>02771</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: <u>Dowd, Bloch and Bennett Attorneys at Law</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: <u>8 south Michigan ave.</u></p> <p>City: <u>Chicago</u></p> <p>State: <u>IL</u> ZIP Code + 4: <u>60603</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: <u>(various) Local 731 welfare/pens. funds</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: <u>1000 Burr Ridge Pkwy.</u></p> <p>City: <u>Burr Ridge</u></p> <p>State: <u>IL</u> ZIP Code + 4: <u>60527</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Dowd, Bloch and Bennett represents Local 731 on Labor related legal matters as well as serving in the capacity of fund council for various Local 731 welfare and pension Trusts</u></p> <p>11.b. Approximate dollar value of such dealing. <u>not known</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>One (x-mas) holiday tin of assorted popcorn</u></p> <p>12.b. Amount. <u>\$ 28.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>